



★ VIRGINIA ★
DEPARTMENT of ELECTIONS

Statement of Organization
Candidate

CITY OF ALEXANDRIA

JUL 08 2016

*Please read instructions before completing this form.

Type of Statement					
<input type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time.	<input checked="" type="checkbox"/> AMENDED This committee is filing an amended statement of organization. <table border="1"><tr><td>Date Changes Took Effect</td><td>SBE-issued Committee ID</td></tr><tr><td></td><td>N/A</td></tr></table>	Date Changes Took Effect	SBE-issued Committee ID		N/A
Date Changes Took Effect	SBE-issued Committee ID				
	N/A				
Voter Registration Electoral Board					
Committee Information					
Committee Information	Ronnie Campbell for School Board				
	Name of Candidate Campaign Committee				
	P.O. Box 15883				
	Street Address/PO Box				
	Suite #				
	Arlington VIRGINIA 22215				
City	State	Zip Code			
Ronnie-Campbell@comcast.net	703.965-3344				
Email Address	Daytime Phone #				
Rcare.s.wordpress.com					
Campaign Website					
Candidate Information					
Candidate Information	Ms. Campbell	Ronnie	Merle		
	Salutation	Last Name	First Name	Middle Name	Suffix
	5760 Dunster Court	#72			
	Residence Address	Apt #			
	Alexandria	VIRGINIA	22311		
	City	State	Zip Code		
	Alexandria City	#706026492			
	County or City of Residence	Voter Identification #			
Ronnie-Campbell@comcast.net	703.965.3344				
Email Address	Daytime Phone #				
<input type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.					
Election Information					
Election Information	School Board	C			
	Office Sought	District (if one)			
	Independent	2015	<input checked="" type="checkbox"/> November	<input type="checkbox"/> May	<input type="checkbox"/> Special
	Political Party	Year of Election	Type of Election		



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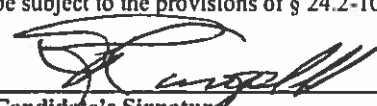
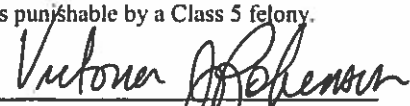
Treasurer Information				
Treasurer Information	Ms.	Robinson	VICTORIA	Joyce
	Salutation	Last Name	First Name	Middle Name
	131 Normandy Hill Dr			
	Residence Address		Apt #	
	Alexandria		VIRGINIA	22304
	City		State	Zip Code
	Alexandria City		# 311031925	
County or City of Residence		Voter Identification #		
VICTOROB@MSN.COM		703.314.7972		
Email Address		Daytime Phone #		
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.				
Campaign Depository				
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)		
City		State	City	State
Committee Activity				
Dates of Activity	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")			
	Date first contribution accepted:	1 Jan 2010		
	Date first expenditure made:	1 Jan 2010		
	Date campaign depository designated:	19 AUG 2012		
	Date filing fee paid for party nomination:	N/A		
	Date statement of qualification filed:	19 AUG 2012		
Date treasurer appointed:	19 AUG 2012			

(continued on next page)



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Filing Method	
Filing Method	<p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input type="checkbox"/> File electronically using SBE's electronic filing application (COMET).</p> <p><input type="checkbox"/> File electronically using an SBE approved vendor</p> <p>Please indicate name of vendor: _____</p> <p><input checked="" type="checkbox"/> File paper reports.</p> <p><u></u> <u>7-5-16</u> Signature Date</p>
Signatures	
Candidate's Signature	<p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p><u></u> <u>7-5-16</u> Candidate's Signature Date</p>
Treasurer's Signature	<p>I accept the appointment of treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p><u></u> <u>5 July 2016</u> Treasurer's Signature Date</p>